

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 10 / 2014		
Mailing Address PO Box 388			Amount 0.50		
City Alexandria	State VA	Zip Code 22313-0388	Transaction ID : EB64857C7B9554F40B4D		
Purpose of Expenditure IE-McDaniel-Mail Processing		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 10 / 2014		
Name of Federal Candidate Christopher Brian Mcdaniel		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: MS		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 10 / 2014		
Mailing Address PO Box 388			Amount 309.80		
City Alexandria	State VA	Zip Code 22313-0388	Transaction ID : E6B3DE2BCF1C74EABA7		
Purpose of Expenditure IE-McDaniel-Online Processing		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 10 / 2014		
Name of Federal Candidate Christopher Brian Mcdaniel		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: MS		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			310.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Paul Kilgore		[Electronically Filed]		Date MM / DD / YYYY 05 / 27 / 2014	

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 2 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00448696       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 05 / 17 / 2014</div> </div>		
Mailing Address PO Box 388			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">565.45</div>		
City Alexandria	State VA	Zip Code 22313-0388	<b>Transaction ID : E9DA19BD2BCEE4D21A9I</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 05 / 17 / 2014</div> </div>		
Purpose of Expenditure IE-McDaniel-Online Processing		Category/ Type	Name of Federal Candidate Christopher Brian Mcdaniel		
Name of Federal Candidate Christopher Brian Mcdaniel		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 05 / 27 / 2014</div> </div>		
Mailing Address PO Box 388			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1537.10</div>		
City Alexandria	State VA	Zip Code 22313-0388	<b>Transaction ID : E22CE8AE3750E42268DF</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 05 / 27 / 2014</div> </div>		
Purpose of Expenditure IE-McDaniel-Online Processing		Category/ Type	Name of Federal Candidate Christopher Brian Mcdaniel		
Name of Federal Candidate Christopher Brian Mcdaniel		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">2102.55</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">2412.85</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Kilgore*

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 27 / 2014

Signature